



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY ENGINEERING DIVISION

One Ashburton Place - Room 1301
Boston, Ma. 02108-1618

Application for Certificate of Competency as Inspector of Amusement Devices

I, the undersigned, representing the _____
(Name of Insurance)

hereby request that _____, who is now employed by the
above-

(Name of Applicant)
named Insurance Company, be examined for a Certificate as an inspector of Amusement Devices.

(Signature) (Date) (Authority)

I hereby make application for a Certificate of Competency as an Inspector of Amusement Devices that the following statements are correct:

(Full Name) (Date of Birth) (Height)

(Home Address) (Birth Place)

(City,State,Zip Code) (Telephone No.) (SS No.)

My business address with the above-name Insurance Company will be at:

(Street-City-State-Zip Code)

EXPERIENCE		
Employers Name	Period of Employment	Employed as

Date of last examination for Massachusetts Certificate: _____

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY.

(Signature of Applicant)

(OVER)

PRINT LAST NAME

SOCIAL SECURITY NO.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

SEND THIS APPLICATION ALONG WITH A FEE OF \$50.00 (BANK CK OR MONEY ORDER) ALONG WITH A COPY OF YOUR LETTER FROM THE INSURANCE COMPANY TO:

**DEPARTMENT OF PUBLIC SAFETY
1 ASHBURTON PL - RM 1301
BOSTON, MA. 02108-1618
ATTN: CASHIERS OFFICE**

DPS INSPECTORS USE ONLY!!!!

DATE OF EXAMINATION: _____

RESULTS OF EXAMINATION: _____ PASSED _____ FAILED

CERTIFICATE NO. _____

EXAMINING DPS INSPECTORS:

